COMBINE® DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (Includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER PHDE020206 US

						
As a below named inventor, I h	nereby declare that:					
My residence, post office addre	My residence, post office address and citizenship are as stated next to my name.					
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: BULK ACOUSTIC WAVE RESONATOR WITH MEANS FOR SUPPRESSION OF PASS-BAND RIPPLE IN BULK ACOUSTIC WAVE FILTERS the specification of which (check only one item below):						
is attached hereto.						
☐ was filed as United States application						
Serial No						
on						
and was amended						
on						
was filed as PCT internation	nal application					
Number PCT/IB2003/00	3993					
on 01.09.2003		1974				
and was amended under PCT Article 19						
on			(if applicable).			
I hereby state that I have review claims, as amended by any am	wed and understand the contenenter and understand the contenent referred to above.	ents of the above-identified specificati	on, including the			
I acknowledge the duty to discl Title 37, Code of Federal Regu		rial to the examination of this applica	tion in accordance with			
I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:						
PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:						
COUNTRY	COUNTRY APPLICATION NUMBER DATE OF FILING PRIORITY DAY, MONTH, YEAR CLAIMED UNDER 35 USC 119					
Europe	02256348.0	September 12, 2002	YES			

						PHDE020206 US	
	POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)						
3	Jack E. Haken, Reg. No. 26,902 Direct (name				Telephone Calls to: and telephone number)		
\	FULL NAME OF FAMILY NAME INVENTOR LÖBL 201 RESIDENCE & CITY CITIZENSHIP Monschau-Imgenbroich Germany			NTRY CC	COND GIVEN NAME eter DUNTRY OF CITIZENSHIP		
Mh		POST OFFICE ADDRESS	Monschau-Imgenbroich POST OFFICE ADDRESS Matthias Offermannstrasse 22	Germany CITY 52156 Monschau-Imgen	ST	ermany ATE & ZIP CODE/COUNTRY ermany	
,	\ 202	FULL NAME OF INVENTOR RESIDENCE &	FAMILY NAME MILSOM	FIRST GIVEN NAME Robert STATE OR FOREIGN COR	Fı	COND GIVEN NAME rederick DUNTRY OF CITIZENSHIP	
CITIZENSHIP Redhill, Surrey United Kingdom POST OFFICE POST OFFICE ADDRESS ADDRESS 14 Hillview Drive RH1 4DQ, Redhill, Surrey			Ur ST	United Kingdon STATE & ZIP CODE/COUNTRY United Kingdom			
		FULL NAME OF INVENTOR	FAMILY NAME METZMACHER	FIRST GIVEN NAME Christof		COND GIVEN NAME	
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		POST OFFICE ADDRESS	POST OFFICE ADDRESS Jülicher Strasse 142	CITY 52070 Aachen	Ge	ATE & ZIP CODE/COUNTRY ermany	
		FULL NAME OF INVENTOR	FAMILY NAME BRAND	FIRST GIVEN NAME Hans-Wolfgang		COND GIVEN NAME	
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100		ADDRESS FULL NAME OF	Schloßparkstrasse 43 FAMILY NAME	52072 Aachen FIRST GIVEN NAME	. Ge	ermany COND GIVEN NAME	
	1205	INVENTOR RESIDENCE &	KLEE CITY	Mareike STATE OR FOREIGN COM	Ka	atharine DUNTRY OF CITIZENSHIP	
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		ADDRESS	Bahnhofstrasse 10	52159 Roetgen	I '	ermany	
ſ	I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and						
	like so	o made are punish	e true: and further that these state hable by fine or imprisonment, or l	both, under section 1001 if ${\ extstyle 7}$	Γitle 18 of the Un		
	wiiitul	iaise statements i	may jeopardize the validity of the	application or any patent iss	suing thereon.		

SIGNATURE OF INVENTOR 201

SIGNATURE OF INVENTOR 202

SIGNATURE OF INVENTOR 203

DATE 07 09 2003

SIGNATURE OF INVENTOR 204

DATE

Combined Declaration For Patent Application and Power of Attorney (Continued) (includes Reference to PCT International Applications)					Attorneys Docket Number PHDE020206 US			
	POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)							
Jack E. Haken, Reg. No. 26,902 Michael E. Marion, Reg. No. 32,266 Edward M. Blocker, Reg. No. 30,245			No. 26,902 eg. No <u>. 32,2</u> 66 Reg. No <u>. 30,</u> 245	Direct Telephor (name and tele (914)332-02		one Calls to: ephone number) 222		
		FULL NAME OF INVENTOR	FAMILY NAME LÖBL	FIRST GIVEN NAME Hans	Pe	COND GIVEN NAME		
W ²⁰¹	201	RESIDENCE & CITIZENSHIP	CITY Monschau-Imgenbroich	STATE OF FOREIGN COUN	Ge	COUNTRY OF CITIZENSHIP Germany		
		POST OFFICE ADDRESS	POST OFFICE ADDRESS Matthias Offermannstrasse 22	52156 Monschau-Imgenbroich		STATE & ZIP CODE/COUNTRY Germany		
	1	FULL NAME OF INVENTOR	FAMILY NAME MILSOM	FIRST GIVEN NAME Robert	Fi	COND GIVEN NAME rederick		
Ø	J202	RESIDENCE & CITIZENSHIP	CITY Redhill, Surrey	STATE OR FOREIGN COUL	ウン Ur	DUNTRY OF CITIZENSHIP nited Kingdon		
		POST OFFICE ADDRESS	POST OFFICE ADDRESS 14 Hillview Drive	CITY RH1 4DQ, Redhill, Surre		STATE & ZIP CODE/COUNTRY United Kingdom		
		FULL NAME OF INVENTOR	FAMILY NAME METZMACHER	FIRST GIVEN NAME Christof	SE	COND GIVEN NAME		
L	203	RESIDENCE & CITIZENSHIP	CITY Aachen	STATE OR FOREIGN COUR Germany		DUNTRY OF CITIZENSHIP ermany		
		POST OFFICE ADDRESS	POST OFFICE ADDRESS Jülicher Strasse 142	CITY 52070 Aachen	I -	ATE & ZIP CODE/COUNTRY ermany		
		FULL NAME OF INVENTOR	FAMILY NAME BRAND	FIRST GIVEN NAME Hans-Wolfgang		SECOND GIVEN NAME		
u	204	RESIDENCE & CITIZENSHIP	CITY Aachen	STATE OR FOREIGN COUNTRY Germany		COUNTRY OF CITIZENSHIP Germany		
		POST OFFICE ADDRESS	POST-OFFICE ADDRESS Schloßparkstrasse 43	CITY 52072 Aachen		STATE & ZIP CODE/COUNTRY Germany		
	,	FULL NAME OF INVENTOR	FAMILY NAME KLEE	FIRST GIVEN NAME Mareike	/) / Ka	COND GIVEN NAME		
٨	205	RESIDENCE & CITIZENSHIP	CITY Hückelhoven	STATE OR FOREIGN COUNTRY Germany		COUNTRY OF CITIZENSHIP Germany		
		POST OFFICE ADDRESS	POST OFFICE ADDRESS Randerather Weg 27	CITY 41836 Hückelhoven		ATE & ZIP CODE/COUNTRY		
16	. 1/	-FULL-NAME OF INVENTOR	FAMILY NAME KIEWITT_	FIRST GIVEN NAME A		COND GIVEN NAME		
) (1 206	RESIDENCE & CITY CITIZENSHIP Roetgen		STATE OR FOREIGN COUNTRY Germany		COUNTRY OF CITIZENSHIP Germany		
		POST OFFICE ADDRESS	POST OFFICE ADDRESS Bahnhofstrasse 10	CITY 52159 Roetgen		ATE & ZIP CODE/COUNTRY ermany		
	Lbero	hy declare that all	statements made herein of my o	wo knowledge are true and	that all statemen	to made on information and		
	belief	are believed to be	true: and further that these state	ments were made with the I	knowledge that v	villful false statements and the		
	like so made are punishable by fine or imprisonment, or both, under section 1001 if Title 18 of the United states Code, and that such							

willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201	SIGNATURE OF INVENTOR 202	SIGNATURE OF INVENTOR 203
		C. Netra
DATE	DATE	DATE 0.09.2003
SIGNATURE OF INVENTOR 204	SIGNATURE OF INVENTOR 205	SIGNATURE OF INVENTOR 206
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DATE ₀₆ .10.2003	DATE 09.10.2003	DATE 2.10.2003

PTC/SB/80 (11-04)

Approved for use through 11/30/2005, OMB 0651-0035

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POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).							
I hereby appo	int:						
X Practitione	rs associated with the Customer Number	: :	247	37			
OR							
Practitione	r(s) named below (if more than ten patent	t practitioners are t	o be r	named, then a custo	omer number m	ust be used) :
	Name	Registration Number		Na	ame		Registration
		- Kumber					Number
					- " . " . "		
		13					
any and all patent	agent(s) to represent the undersigned bef applications assigned <u>only</u> to the unders rm in accordance with 37 CFR 3.73(b).	fore the United Stati igned according to	tes Pa	tent and Trademan SPTO assignment	k Office (USPT) records or assig	O) in connections	tion with uments
	e correspondence address for the applica	ation identified in th	e atta	ched statement und	der 37 CFR 3.73	3(b) to:	
					7	-(-,	
	ress associated with Customer Number:	24	173	7			
OR Firm or							
Individual I	Name						
Address							
City	City State Zip						
Country					<u></u>		
Telephone Fax							
Assignee Name and Address:							
				IPS ELECT	RONICS N	.v.	
Groenewoudseweg 1							
5621 BA Eindhoven, The Netherlands							
A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of							
the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.							
and must ident							
SIGNATURE of Assignee of Record The individual whose signification and title is supplied below is authorized to act on behalf of the assignee							
Signature Date 14 January 2005					2005		
Name Mic	chael E. Marion			1	Telephone (9]	14) 33	3-9637
Title Au	thorized Representa	tive					

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



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STATEM	ENT UNDER 37 CFR 3.73(b)
Applicant/Patent Owner: Koninklijke Philips Electronics	N.V.
Application No./Patent No.: Concurrently	Filed/Issue Date: Concurrently
Entitled: BULK ACOUSTIC WAVE RESONATOR WIT	H MEANS FOR SUPPRESSION OF PASS-BAND RIPPLE IN BULK
Koninklijke Philips Electronics N.V. (Name of Assignee)	, a <u>corporation</u> (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)
states that it is: 1. the assignee of the entire right, title, and interest	st; or
2. an assignee of less than the entire right, title a The extent (by percentage) of its ownership int in the patent application/patent identified above by vi	erest is ———— %
A. [] An assignment from the inventor(s) of the pate in the United States Patent and Trademark Offiattached.	ent application/patent identified above. The assignment was recorded ce at Reel, Frame, or for which a copy thereof is
OR	
B. [] A chain of title from the inventor(s), of the pater below:	nt application/patent identified above, to the current assignee as shown
The document was recorded in the Unit	To: ed States Patent and Trademark Office at, or for which a copy thereof is attached. To:
The document was recorded in the Unit	ed States Patent and Trademark Office at, or for which a copy thereof is attached.
3. From: The document was recorded in the Unit Reel, Frame [] Additional documents in the chain of title [] Copies of assignments or other documents in the	e are listed on a supplemental sheet.
[NOTE: A separate copy (i.e., the original assign	ment document or a true copy of the original document) cordance with 37 CFR Part 3, if the assignment is to be
The undersigned (whose title is supplied below) is au	thorized to act on behalf of the assignee. Aaron Waxler, Reg. 48,027
Date	Typed or printed name
(914) 333-9608 Telephone number	Signature
reiephone number	Corporate Counsel Title

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.